

Gracewell Healthcare Limited

Gracewell of Sutton

Inspection report

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Date of inspection visit:
13 February 2020

Date of publication:
04 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Gracewell of Sutton is a nursing care home which can support up to 83 people in one adapted building. The services specialises in supporting older people living with dementia. At the time of this inspection 55 people were using the service.

People's experience of using this service and what we found

People said they were safe at the service. Staff had been trained to safeguard people from abuse. They knew how to manage and minimise identified risks to people. The provider carried out health and safety checks of the premises and equipment to make sure they were safe. The premises were clean and tidy. Staff followed current practice which helped reduce infection and hygiene risks at the service.

There were enough staff to support people safely. Managers checked that staffing levels were meeting people's needs at all times. Staff told us they would benefit from extra support at busy times. Managers were reviewing current arrangements to check these were continuing to support staff to provide high quality care to people at these times.

People preferred to receive care and support from permanent members of staff. The provider was recruiting more new permanent staff which would help reduce the use of agency staff at the service. The provider carried out checks on new staff, prior to them starting work, to make sure they were suitable to support people.

People and their representatives were involved in planning and making decisions about the care and support they needed. People's records gave staff information about the care they required. This helped staff deliver support which met people's needs. Staff knew people well and understood how their needs should be met.

Staff were kind, caring and enthusiastic about supporting people to achieve positive outcomes. Interactions between people and staff were warm and friendly. Staff provided comfort and support when people needed this. However, during the lunchtime service some staff had not been as attentive as they could have been to people's needs. Managers undertook regular observations of mealtimes and no concerns had been identified from their most recent checks. They agreed to undertake further checks and remind staff of the standards expected during mealtimes.

Staff supported people in a dignified way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to be healthy and keep well. People were helped to eat and drink enough to meet their needs and to take their prescribed medicines. People had mixed views about the quality of meals they

ate. Managers told us a new chef had been appointed for the service and hoped this would address some of the concerns people had. People were able to access healthcare services when needed. Staff worked well with other healthcare professionals and acted on their recommendations to make sure people achieved positive outcomes in relation to their health and medical conditions. When people became unwell, staff sought help for them promptly.

People participated in a wide range of activities and events at the service. They were supported to build and maintain social relationships with others and the people that mattered to them. There were a range of comfortable spaces around the premises where people could spend time in, when not in their room. Since our last inspection the provider had redesigned some areas of the service to encourage people to come together and take part in social activities. This helped people feel more socially included.

People and their representatives knew how to make a complaint if they needed to. Managers made sure any accidents, incidents and complaints were fully investigated and people informed of the outcome. Learning from investigations was acted on and shared with staff to help them improve the quality and safety of the support they provided.

Since our last inspection the provider had appointed a new registered manager and deputy manager for the service. They interacted with people well. However, some staff had mixed views about them. Managers were aware of staff's views and were actively looking at ways to help staff feel more valued and rewarded.

People, their representatives and staff were provided opportunities to have their say about how the service could improve. Managers acted on their feedback and made the improvements that people asked for. Changes and improvements were only made if these did not impact on the quality of care and support provided to people.

Managers undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service. They addressed any issues found through these checks, promptly.

Managers understood their responsibility for meeting regulatory requirements. They worked proactively with other agencies and acted on their recommendations to design the care and support provided to people. There were good links with the local community.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 24 August 2017).

Why we inspected

This was a planned inspection based on the previous rating of good.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gracewell of Sutton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors, an assistant inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Gracewell of Sutton is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people using the service, three relatives and a visitor. We asked them about their experiences of the care and support provided at the service. As most people using the service were unable to speak with us due to their communication needs, we observed interactions between people and staff.

We spoke with the senior management team including the registered manager, the deputy manager, the regional manager and the quality business partner. We also spoke with nine members of staff including a registered nurse, two senior care support workers, three care support workers, the activity coordinator, the chef and the person responsible for maintenance at the service.

We reviewed a range of records. This included five people's care records, medicines administration records (MARs) for five people, three staff recruitment files, staff training and supervision information and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. People's representatives and visitors also felt people were safe.
- Information was prominently displayed for people, their representatives and visitors about how to confidentially report safeguarding concerns.
- Staff had been trained to safeguard people from abuse. They understood how and when to report safeguarding concerns to the appropriate person or authority to investigate.
- The provider encouraged staff to report any poor working practices affecting the safety and wellbeing of people.
- The registered manager liaised appropriately with the investigating local authority when a safeguarding concern was raised and promptly made any recommended changes and improvements to help keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and plans were in place to manage these in an appropriate way.
- Staff were well informed and knowledgeable about risks to people and knew what action to take to make sure these were minimised.
- The provider made sure staff had access to appropriate equipment to help them reduce risks to people's safety. For example, hoists were readily available to help people move and transfer in a safe way.
- The provider undertook regular health and safety checks of the premises. They dealt with any issues arising from these promptly. Safety systems and equipment used at the service was maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Staff were trained to deal with emergency situations and events if these should arise

Staffing and recruitment

- There were enough staff to support people safely. A relative said, "When you ring the call bell the staff come quickly. They are very good. Sometimes it takes longer when they are busy." They told us there seemed to be enough staff and they were always on hand if they were needed by their family member.
- The provider used a dependency tool to plan the numbers of staff required on each shift based on people's needs. The registered manager discussed staffing levels at meetings with people and their representatives and with staff to explain how these were worked out and to listen to any concerns they had about this.
- Some staff told us during the busy morning period on the first floor, there had been times when they would have benefited from an extra staff member to help get people up and ready for the day. One staff

member said, "Up here it works more smoothly when there are six carers rather than five...it's manageable but better with six."

- We discussed this with senior managers who agreed to review current arrangements to make sure these were continuing to support staff to provide high quality care during these periods.
- The provider used agency staff at the service to cover vacancies. People and relatives told us their preference was to receive care and support from permanent staff members. Senior staff told us they were aware of this and wherever possible the same agency staff were used so people received consistent support. At the time of this inspection new staff had been recruited and the provider was waiting for the necessary checks to be completed before they could start work. Senior managers said this should help reduce use of agency staff at the service.
- The provider carried out appropriate checks on staff that applied to work at the service. These checks helped them make sure only suitable staff were employed to support people.

Using medicines safely

- People were supported to take their prescribed medicines. Our checks of stocks and balances of medicines and records showed people consistently received the medicines prescribed to them.
- Medicines were kept secure and stored safely.
- There were protocols in place for medicines prescribed to people to be taken only 'when required', so staff knew when and how people should receive these. We saw one person had received their 'when required' medicine every night over the last month. We discussed this with the deputy manager who confirmed the person was due to have their medicines reviewed by the GP in the week following our inspection. This was important because regular use of this medicine could indicate that the person's current treatment may need to be changed.
- Staff had been trained to manage and administer medicines. Senior staff checked at regular intervals that staff were working in a consistently safe way.

Preventing and controlling infection

- The premises was clean, tidy and free from odours. Housekeeping staff were on hand throughout the day to make sure the premises remained clean.
- Staff followed current guidance to reduce infection risks associated with poor cleanliness and hygiene. They had access to cleaning supplies, materials and equipment to help them do this.
- Hand sanitisers, soap and drying facilities were available around the premises for people, visitors and staff to use. This helped reduce the risk of the spread of infection.
- The kitchen was clean and kitchen staff were trained in basic food hygiene. They followed current guidance relating to food safety procedures when preparing, serving and storing food.

Learning lessons when things go wrong

- The registered manager investigated all accidents and incidents involving people. They took appropriate action when needed to address any issues to help reduce potential risks to people's safety and wellbeing.
- Learning from investigations was shared with staff to help them improve the quality and safety of the support they provided.
- The registered manager analysed accidents and incidents to check for any trends or themes to reduce the risk of these happening again. We saw a good example of this where the registered manager had used information and learning about falls at the service to change staff shift patterns to make sure there were always enough staff available to assist people when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed prior to them using the service. People and their representatives were involved in this process so the provider knew what their preferences would be in relation to their care and support needs.
- The provider referred to current guidance when assessing people's needs to help plan the type of support they required. For example, the provider referred to current guidance on how to move and transfer people in a way that kept them safe from injury or harm.
- Information from assessments was used to develop individual care plans for people which set out how, when and from whom they received support. This helped to make sure staff provided support in line with people's wishes and needs.

Staff support: induction, training, skills and experience

- Staff received training to help them meet the range of people's needs at the service. This included refresher training and updates to keep staff up to date with current practice.
- New staff could only support people unsupervised after they had successfully completed a period of induction.
- Staff had supervision (one to one) meetings with senior staff at regular intervals to discuss their working practices, any concerns they had about their role and any further training or learning they needed to help them provide effective support to people.

Supporting people to eat and drink enough to maintain a balanced diet

- Individualised nutrition cards had been developed for each person to help staff understand the support people required to eat and drink. These contained summary information about the person and their food and drink preferences, allergies and the type of diet they followed based on their needs, for example, a soft food or diabetic diet. Staff took this into account when planning and preparing their meals.
- Meals were served promptly at lunchtime. Meals were hot and generous in size. People were offered drinks with their meal and able to have extra portions if they wanted this. When people did not want to eat what was offered, they could choose an alternative. Staff encouraged people to eat as much as they could or wanted to.
- People had mixed views about the quality of meals they ate. We discussed their feedback with senior managers who told us a new chef had been appointed for the service and hoped this would address some of the concerns people had. We saw staff met with people and asked for their feedback about how meals could be improved. One suggestion had recently been acted on and kippers were now available at breakfast if people wanted this.

- Outside of mealtimes, people had access to drinks and a wide range of snacks.
- Staff checked that people were eating and drinking enough. If they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People's records contained current information about the support they needed to manage their health and medical conditions.
- Staff were provided guidance on how to support people with their health and medical conditions. For example, wound care plans were in place for people with pressure ulcers which instructed staff on how to provide care and treatment to promote healing and reduce risks of the wound deteriorating. We saw one person had achieved recent positive outcomes from the care provided to them for a wound which had now healed.
- People had access to healthcare services when needed such as the GP, dentist or other healthcare specialists involved in their care and treatment. Staff worked well with healthcare professionals involved in people's care. They followed their recommendations to help people achieve effective outcomes in relation to their health and wellbeing.
- Staff reported any concerns they had about people's health and wellbeing. When people needed to go to hospital, information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.

Adapting service, design, decoration to meet people's needs

- Since our last inspection the provider had listened to people's feedback and redesigned one of the communal areas into the 'Kingsley Pub'. This was a relaxed and comfortable space which encouraged people to come together and take part in social activities. In addition to the 'Kingsley Pub' there was a beauty salon and 'cinema' for people to use and enjoy.
- The premises provided people with flexibility in terms of how they wished to spend their time at the service. In addition to their own bedroom, which people had personalised, they could spend time in the various lounges, dining rooms and 'The Crossroads Café' located in the main entrance.
- There was signage around the premises which helped people identify important areas they might wish to access such as the lounges or toilets. Memory boxes were placed outside people's bedrooms which helped orientate people to their room.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff undertook assessments of people's capacity to make and consent to decisions about specific aspects of their care and support.
- There were processes in place where if people lacked capacity to make specific decisions staff would

involve people's representatives and healthcare professionals to ensure decisions were made in people's best interests.

- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People spoke positively about staff. One person said, "I am looked after pretty well. The carers are the people who make this place. If anyone said would I recommend coming here, yes, I would." A relative told us, "They [staff] are very nice people. Can't fault them at all. They are very good and do their best." A visitor said staff, "go out of their way to help people."
- Interactions between people and staff were warm and friendly. Staff knew people well and talked to people about the things they were interested in or were important to them. Conversations were relaxed and light hearted. Staff gave people time to speak and listened to what they had to say.
- People looked comfortable with staff and did not hesitate to ask for their help. Staff provided comfort and support when people needed this. They did this in a kind and reassuring way. We saw a good example of this when a person became unwell. Staff were quick to respond and provided them with appropriate care and support which helped put the person at ease.
- Although we saw mainly positive interactions between people and staff throughout the day, during the lunchtime service on the ground floor staff, at times, were not as attentive as they could have been to people's needs. For example, when meals were given to people they did not always explain to people what they were about to eat or check if they wanted this. We noticed one person did not want to eat their first course but then had to wait for everyone to finish theirs before they could have their main meal. They then refused their main meal when this arrived and had to wait for their dessert. Staff did not explain to the person why they had to wait for their food and we noted the delay had agitated the person. On the other floors we observed the lunchtime service was more relaxed and calm and people were attended to quickly.
- We discussed what we saw with the senior management team who told us they undertook regular observations of mealtimes and no concerns had been identified from the most recent checks. They agreed to undertake further checks and remind staff of the standards expected during mealtimes.

Respecting equality and diversity

- People's wishes in relation to how their social, cultural and spiritual needs should be met were noted in their records so that staff had access to information about how people should be supported with these. Staff understood these needs well and made sure people were supported with these. For example, staff made sure people were able to practice and celebrate their faith when they wished.
- Staff received equality and diversity training as part of their role. This gave staff knowledge and understanding of what discriminatory behaviours and practices might look like to help them make sure people were always treated fairly.

Supporting people to express their views and be involved in making decisions about their care

- Before using the service, people and their representatives were asked about the care and support they needed and how they would like this provided. People's views about this were then used to inform their care plan.
- Once people started using the service, staff involved them in reviews of their care and support to check this was meeting their needs. This ensured the care and support people received remained personalised and tailored to their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and to be treated with dignity. They did not enter people's rooms without first seeking their permission. They made sure personal care was carried out in the privacy of people's rooms or in bathrooms.
- Staff gave people space if they wished to spend time alone. Some people had developed relationships with others and staff made sure they could spend time alone together if they wished.
- People's records were kept secure so information about them remained private and confidential.
- Staff prompted people to do as much as they could and wanted to do for themselves. Adapted cutlery and plates were used to help people eat independently. Staff only helped when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained information about how their care and support should be provided. This included information about their life history, likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- Staff understood people's care and support needs and people's preferences for how this was provided. Staff asked people for their consent before they provided any support and gave people time to make choices about what they wanted.
- Senior staff reviewed the care provided to people and informed staff promptly of any changes to the support people received.

Support to follow interests and to take part in activities that are socially and culturally relevant to people; supporting people to develop and maintain relationships to avoid social isolation

- People could choose from a wide range of engaging and stimulating activities and events to take part in. During the week of our inspection activities and events on offer included hand massages, falls prevention exercises, keep fit sessions, quizzes and games, sing-along and music sessions, baking and flower arranging and carpet boules.
- Day trips and outings were planned and special occasions and significant events were celebrated at the service. People and their representatives were encouraged to take part in these. A party to celebrate Valentine's Day and a visit to Hampton Court had been arranged for people in the days following this inspection.
- People had regular visits from performers and entertainers and had recently enjoyed performances from a tap dancer and opera singer. Sessions were also arranged for people to interact closely with animals and birds brought in by a 'mobile zoo'.
- Since our last inspection, 'virtual assistant' technology had been purchased and made available for people and staff to use. This technology worked through voice interaction and gave real time information about the time, weather and news as well as play music and audiobooks. We observed an activity where the 'virtual assistant' was used. Staff showed people pictures of animals and then encouraged people to ask the 'virtual assistant' to play the corresponding animal noises. People were laughing and clearly enjoyed taking part in the activity.
- We saw the 'virtual assistants' were used by other people to play songs of their choice. People enjoyed the music that was played and looked happy and content singing along. The registered manager told us this technology had proven popular with people and staff were thinking of more ways this could be incorporated into future activities for people.
- People were encouraged to develop and maintain relationships with others at the service. The service had

two 'resident ambassadors' who both used the service. Their role was to seek feedback from people and this included identifying social activities that brought people together to build relationships and help make people feel socially included. Senior managers were supportive and endorsed suggestions made by the 'resident ambassadors'. One of the 'resident ambassadors' told us, "I've created a 'gentlemen's club' [we] meet every Friday afternoon...we chat, play games, we have a few beers and cheese...the good thing about that is we come together and talk about our experiences and reminisce about what we did." A 'ladies club' had also been introduced following the success of the 'gentleman's club'.

- Relatives told us they could visit the service at any time and were welcomed by staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so staff had access to relevant information about how people should be supported with these.
- We saw people who used glasses or hearing aids were wearing these as required.
- Information at the service could be adapted to meet people's specific communication needs. For example, information could be made available in large print, a different language or in braille if this was required.

Improving care quality in response to complaints or concerns

- People and their representatives told us they knew how to raise a concern or make a complaint if needed. A relative told us, "I would know what to do".
- There were arrangements in place to deal with people's complaints if they were unhappy with any aspect of the care and support provided.
- When a concern or complaint had been received, senior staff investigated this, provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This was recorded in their records. This helped to ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.
- The service had well established links with the relevant healthcare professionals that would need to be involved when end of life care and support was required for a person. This would help make sure people would be supported with comfort and dignity at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection the provider had appointed a new registered manager and deputy manager for the service. We observed during the inspection both managers were often out in communal areas chatting to people, visitors and staff. Their interactions with people were friendly and they were focussed on meeting people's needs and resolving their queries.
- Staff had mixed views about the new registered manager. One staff member said, "I have always got on well with [registered manager]. If I had a problem I could talk to them about it." Another staff member told us, "I sometimes go to [registered manager] and she welcomes you with open arms but sometimes...the door is not always open."
- Staff spoke more positively about the support received from the deputy manager. One staff member said, "[Deputy manager] is very hands on. He will listen to you. He doesn't just treat us as carers or nurses but as human beings. He is very understanding." Another staff member told us, "I can't fault [deputy manager]. If you report any concerns he will act on them."
- We discussed the feedback we received from staff with senior managers. They were already aware that staff had differing views about the support they received from the leadership team. The regional manager told us the service had encountered some challenges since our last inspection due to the changes in the leadership team. One of the key priorities for the new registered manager had been to sort out inconsistencies in the way staff had been previously managed and to make sure staff policies and codes of conduct were adhered to. This had resulted in staff becoming unsettled and, in some instances, unhappy as changes were brought in.
- The registered manager told us they were aware some staff had found them unapproachable and not always supportive and was finding ways to improve this view. They had introduced an 'employee of the month' scheme at the service to help staff feel more valued and rewarded. They told us they had looked at other ways to make work more enjoyable for staff which included revamping the staff room into a fun 'beach themed' space and offering two free meal vouchers a month.
- The registered manager made sure staff were thanked for their contribution and recognised for their work at supervision and team meetings. Staff were encouraged to identify ways in which the service could be improved for people. One staff member said, "I have already gone to [registered manager] and [deputy manager] with ideas and it has already been done."
- Staff were enthusiastic about their work and the support they provided to people. One staff member told us, "I love caring for people, making people smile. I knew I wanted to be a carer when I left school. I want to make a difference to someone's life." Another said, "It's rewarding. When I do activities [people] seem happy

and you can tell they are enjoying it. There is a nice vibe here, like a family." Another told us, "I love this job because it's always different and very rewarding when I see someone smile."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open about when things went wrong and proactive about putting things right. They investigated all accidents and incidents that happened and made sure people and their representatives were kept involved and informed of the outcome.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The registered manager understood their responsibility for meeting regulatory requirements. They notified us promptly of events or incidents involving people. This helped us to check appropriate action was taken to ensure people's safety and welfare in these instances.
- Senior managers monitored and assessed the safety and quality of the service. They undertook regular audits and checks of key aspects of the service. Where issues were found through these checks these were addressed promptly and improvements were made.
- Changes and improvements were only made at the service as long as these did not impact on the quality of care and support provided to people. The registered manager told us the service was not at full capacity but had taken the decision to slow down admissions. They had recognised the impact of the leadership changes on staff morale. They told us they needed to be reassured that any outstanding issues or concerns had been fully resolved before moving ahead with plans to increase the capacity of the service any further.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their representatives were informed of changes and the provider's plans for the service. They were provided opportunities to have their say about these and to give their views how the service could improve. The provider acted on what people said and asked for.
- Changes were planned for one of the communal areas where people liked to spend time together. The registered manager told us people's views had been sought about this and this area would be redesigned to look like a park to make this an interesting and interactive space for people to spend time in.
- The 'resident ambassadors' had also made suggestions about how the service could be improved. The service had a static exercise bike and this had proven popular with people. The provider was now looking at plans to open a 'gym' at the service to promote people's physical health and wellbeing.
- People were actively involved in the recruitment process for new staff. People were able to sit in on interviews with prospective employees and discussed with newly appointed staff, as part of their induction, some of the challenges they may face when supporting people living with dementia.
- There were good links with the local community and people were regularly visited by local school children who engaged with people in a range of activities and events.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care. Staff made sure recommendations and advice from healthcare professionals was used to design the care and support provided to people. This helped to ensure that care and support was up to date with current practice in relation to people's needs.